



The  
**Good News Foundation**  
of Central New York Inc.

*Sharing the love of Jesus Christ through hospitality, spiritual renewal and support of parish and family life.*

St. Patrick's School  
Atten: Sandy Burgess  
240 East Onondaga St  
Syracuse NY 13202

Enclosed is the 2019 application for The Hazel D. Scheidelman Scholarship.

**Please note:**

- We only require **ONE** application per Household/Family.
  - Application will be tracked by the **LAST NAME** of the **HEAD** of the household.
  - Also include other last names
- Household Members
  - List other adults in the household, independent or dependent.
  - List **All Dependent Children** of the Household, whether pre-school, school age or college, from youngest to the oldest.
- Household Income
  - This area **MUST** be completed.
  - Incomes (earned or unearned) for all the household members are to be listed.
  - If this section is left blank, the application will be considered incomplete and will be returned to the signing Principal's school to coordinate the completion of the form and resubmitted within one week.

**Due Dates, Address & Processing Schedule:**

- Applications are to be returned to the school by **Feb. 15<sup>th</sup>** for the **principal's signature**.
  - Applications received after **Feb 15<sup>th</sup>** will not be considered.
- The principal will then forward to:  
**The Good News Foundation**  
**Hazel B Scheidelman Scholarship**  
**10475 Cosby Manor Road**  
**Utica, NY 13502**
- The Scholarship Committee will review the applications by Household.
  - Awards designated by the committee will be sorted according to the Student's School.
- Notification of Awarded Scholarships will be sent to the individual schools by **June 14<sup>th</sup>**.
- Actual Checks will be issued according to individual Schools and distributed to the Tuition Accounting Manager's Office by **September 27<sup>th</sup>**.

**Application Verification:**

In accordance with the scholarship agreement as listed on the application, in **January 2020** a **Student Verification Report** will be sent to each School's Principal with the listing of the awarded students to verify: "*completion of half of the school year*".

This report is to be signed by the Principal and returned to the above address before **January 30, 2020**.



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**HAZEL D. SCHEIDELMAN SCHOLARSHIP through THE GOOD NEW FOUNDATION**  
Application for 2019-2020 School Year

**Family/Household Names:** \_\_\_\_\_  
(Please list the Head of household's last name and first name, also include any additional LAST Names of the household.)

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **NY Zip Code** \_\_\_\_\_

**HOUSEHOLD MEMBERS:** Number of ADULTS in Household: \_\_\_\_\_ Independent \_\_\_\_\_ Dependent \_\_\_\_\_

(Please list ALL Dependent Children, Youngest to the Eldest, Include Last Name if different.)

Dependent Child's Name	Age	Grade Entering	School Attending	Amount Requesting

**HOUSEHOLD INCOME:** (Income from all household members must be listed.)

Names of Employed Household Members:	Employer And City	Annual Gross Income
<b>Additional Household Income (not included above)</b>	<b>Child Support</b>	
	<b>Grants &amp; Tap</b>	
	<b>Other Assistance:</b>	
	<b>Alimony:</b>	

**TOTAL ANNUAL INCOME:** \_\_\_\_\_

Additional information may be attached in a letter of less than 100 words explaining extraordinary circumstances affecting the household's financial means.

The "Hazel D. Scheidelman" Scholarship is being offered through The Good News Foundation of CNY, Inc. for the following purpose: To help pay toward the tuition, uniforms, books etc., of a family in financial need, for grades K – 12 in a Catholic School in the Eastern Vicariate of the Syracuse Diocese. *If a student receiving the grant should fail to complete half of a school year at the school, the grant will be returned proportional to the total time the student was in school relative to the entire school year.*

Any funds awarded will be distributed directly to the school in the student's name. The signing of this application, assures that the above instructions are adhered to and the information provided is correct to the best of your knowledge.

Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal's School-Application Processed: \_\_\_\_\_ Phone Number: \_\_\_\_\_